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ABSTRACT

Two behavioral interventions (social reinforcement and token economy) and two cognitive-behavioral interventions (self-monitoring of work completed and academic self-instructional training) were rated by 203 special education teachers for acceptability at both mild and severe levels of academic and behavioral problems. Hypothetical case studies were developed which described academic deficits and classroom behaviors of both a mildly and a severely educationally handicapped fifth-grader; each student description was then paired with the four possible interventions to create eight case descriptions. A revised version of the Intervention Rating Profile (IRP), the IRP-15, was used to assess the acceptability of the interventions used in the case descriptions. Results indicated that the special education teachers found both positive behavioral and cognitive-behavioral interventions to be acceptable. At the mild problem level, both social reinforcement and self-monitoring were rated as more acceptable than self-instructional training and a token economy. Self-instructional training was more acceptable at the more severe problem level than the mild problem level, while social reinforcement was seen as more acceptable for mild problems than for severe problems. Factor analyses of the IRP supported the contention that the IRP-15 is unidimensional with both behavioral and cognitive-behavioral interventions, and has high reliability. (JDD)

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The Acceptability of Cognitive-Behavioral and Behavioral Interventions Among Special Education Teachers

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Researchers have investigated the effects of cognitive-behavioral interventions across a variety of academic and social skill deficiencies among educationally handicapped students; results frequently indicate that these interventions produce significant and meaningful improvements, particularly in academic skill areas (Harris, 1982; Harris, Wong, & Keogh, 1985; Wong, 1985). Although research has supported the efficacy of cognitive-behavioral interventions, the social validity (or acceptability) of these techniques among those who would ultimately implement them has not been examined.

The acceptability of any intervention in real-world situations ultimately affects its implementation, and consequently, its efficacy. Kazdin (1980) described acceptability as "encompassing whether a treatment is appropriate for a given problem, whether it is fair, reasonable, or intrusive, and whether the treatment is consistent with conventional notions of what a treatment should be" (p. 259). Therefore, an individual's subjective evaluation of a treatment may effect whether it is implemented properly, the length of time it is implemented, or whether it is even used at all (Witt & Elliott, 1985). While researchers have conducted programmatic lines of research concerning the acceptability of traditional behavioral interventions in clinical and classroom situations, no research concerning the acceptability of cognitive-behavioral interventions has yet been conducted. As Harris (1985) recently noted, this has become a significant issue in cognitive training research. Thus, the present study determined the perceived social validity of cognitive-behavioral interventions for academic and behavioral deficiencies among special education teachers, and compared the acceptability of these interventions to that of common behavioral interventions.

Acceptability of Behavioral Interventions

Kazdin laid the groundwork for acceptability research in behavior modification (cf. Kazdin, 1980, 1984). Witt and his colleagues have extended this research by examining the acceptability of behavior modification techniques in the classroom among pre-service and practicing teachers (cf. Witt & Elliott, 1985; Witt & Robbins, 1985). From this research, five factors have been determined which contribute to teachers' ratings of the acceptability of a classroom intervention: 1) general acceptability, 2) risk to the target student, 3) amount of teacher time required for implementation, 4) negative effects on non-target students, and 5) amount of teacher skill required for implementation. Teachers' ratings of the acceptability of a classroom intervention, based on these five factors, have been measured using the Intervention Rating Profile (IRP) (Witt & Elliott, 1985). Teachers respond to this questionnaire after reading a case study which details a student's classroom problems and the planned use of a behavioral intervention to modify the student's behavior. Several studies have established the reliability and validity of this questionnaire.

Witt and Elliott (1985) summarized the results of intervention acceptability research: a) interventions differ markedly in acceptability ratings, b) the severity of the behavior affects treatment acceptability, c) the presence of side effects has negative effects on an acceptability rating, d) positive behavioral interventions (such as positive reinforcement and token economies) are viewed as more acceptable than reductive interventions, and e) acceptability ratings for classroom interventions are affected by the amount of time, effort, and resources used during implementation of the intervention.

The Present Investigation

The present study was designed based upon results of the research on acceptability of behavioral interventions. Two levels of problem severity, mild and severe, were investigated. Four possible interventions were rated for acceptability at each of these two problem levels. Two of the interventions were behavioral while two were cognitive-behavioral. Interventions were also selected based on the amount of teacher involvement (time, effort, and resources) required for implementation. One of each of the two kinds of interventions (behavioral and cognitive-behavioral) represented low teacher involvement while the other represented high teacher involvement. All four of the interventions have been shown to be effective with educationally handicapped children. Further, all four of the interventions were positive, i.e., focused on increasing desired behaviors. While inclusion of a reductive behavioral intervention (e.g., timeout) would likely have guaranteed significant differences in acceptability, previous research has sufficiently indicated that positive interventions are rated more highly than negative interventions. Thus, it appeared more worthwhile in this initial investigation to compare two positive behavioral interventions and two positive cognitive-behavioral interventions. The two behavioral techniques chosen for comparison were social reinforcement (low teacher involvement) and token economy (high teacher involvement). The two cognitive-behavioral techniques were self-monitoring of work completed (low teacher involvement) and academic self-instructional training (high teacher involvement).

Thus, in the present investigation, case studies were developed which described academic deficits and classroom behaviors of two educationally handicapped children. One of the students described exhibited mild to moderate problems, while the problems exhibited by the other student were more severe. Each of these student descriptions was then paired with four possible interventions: social reinforcement, a token economy, self-monitoring, and self-instructional training. Subjects (raters) were practicing special education teachers. Three research questions were addressed: 1) Are effective cognitive-behavioral techniques acceptable to special education teachers? 2) How does the acceptability of cognitive-behavioral techniques compare to that of behavioral interventions previously found to be acceptable? and 3) How does the severity of a student's problem affect the acceptability of these interventions? In addition, the factor structure of the IRP-15 was investigated in order to determine whether or not the previously reported unidimensionality of this instrument (Witt & Elliott, 1985) was evident in this investigation.

Method

Subjects

Initially, 400 names were randomly selected from a list of all certified special education teachers in the state of Maryland who taught handicapped students with mild to moderate problems. The selected teachers were then randomly assigned to one of two groups: one group was mailed a packet which included a description of a student with a mild problem; the other group received a packet including information about a student with a severe problem. Two hundred and forty-three, or 61 percent, of the packets were returned. Twenty of the returned packets were not completed because the teacher had either retired, moved, or the school no longer had a special education program. In addition, 20 of the respondents failed to fully complete the questionnaires

included in the packets and, consequently, they were not included as subjects in this study.

One hundred and sixteen teachers completed the packet containing the description of a student with a mild problem. They had a mean age of 35.6 years (SD = 9.3) and had spent on the average 10.8 years teaching (SD = 6.7). Only five of the subjects were males. Two-thirds of the teachers worked in a resource room, while the rest taught in a self-contained classroom. Their programs were either noncategorical in nature (39%) or designed to serve students classified as learning disabled (58%). Approximately one-fourth of the subjects reported that they had obtained a bachelor's degree, while three-quarters had completed a graduate degree. Ninety-five percent of the teachers indicated that they had received training in behavior modification, while only 41 percent reported they had been trained in cognitive behavior modification/self-management. On a one to three point Likert-scale (one equals "never" use and three equals "frequently" use), the subjects indicated that they frequently used behavior modification ($\bar{X}$ = 2.57), and that they occasionally used cognitive behavior modification/self-management ($\bar{X}$ = 1.92).

Eighty seven teachers completed the packet containing the description of a student with a severe problem. Their mean age was 37.8 years (SD = 9.6) and they averaged 12.4 years of teaching (SD = 7.1). Only three of the subjects were males. Eighty three percent of the teachers worked in a resource setting; the rest taught in a self-contained classroom. Their programs were primarily designed to serve learning disabled students (56%) or were noncategorical in nature (43%). Approximately one out of every four subjects had completed a bachelor's degree, while almost three-quarters of the teachers had completed a graduate degree. Ninety three percent of the teachers had received training in behavior modification, while only forty three percent had received any training in cognitive-behavior modification/self-management. Finally, the subjects indicated that they frequently used behavior modification ($\bar{X}$ = 2.42), and that they occasionally used cognitive-behavior modification/self-management ($\bar{X}$ = 2.01).

Separate univariate analyses of variance were performed to determine if there were any significant differences on important subject variables between the teachers who received the packet with the description of the student with the mild problem and those that received the packet describing the student with a severe problem. No significant differences were found on age, years of teaching, use of behavior modification, and use of cognitive-behavior modification/self-management.

Materials

A packet containing the following components was developed for use in this study.

Subject information sheet. The first page of the packet included questions on the teacher's background, classroom, and education. Questions were designed to elicit specific information on sex, age, number of years teaching, type of classroom, type of students served, highest degree obtained, and prior training and use of behavior modification and cognitive-behavior modification.

Case descriptions. A series of eight case descriptions (see Appendix) that described a particular intervention implemented to correct a specific problem

were developed. The case descriptions resulted from a combination of two types of classroom problems (mild and severe) and four different interventions (two of which were behavioral and two of which were cognitive-behavioral).

The first section of each case description presented a hypothetical fifth-grader with either a mild or severe problem. Names which did not denote the sex of the fifth-grader (Pat and Chris) were used in order to avoid biases by sex of student for the described interventions. The two descriptions were based on examples from a study by Witt, Elliott, and Martens (1983). In both cases, the effects of the student's behavior on academic performance was noted.

The description for the student with a mild problem involved difficulties in attending. Although the student was described as being capable of completing work, math assignments were frequently late or incomplete or the teacher had to repeat directions because the student was off-task. While the student with a severe problem was also described as having difficulties with math assignments, the described problems were so significant that it was projected that fifth-grade math would have to be repeated. Further, the student frequently became frustrated and would quit working on assigned tasks; this frustration resulted in disruptive behavior such as fighting, talking out loud, and interrupting classroom activities.

The second part of the case description included an intervention that the teacher had decided to implement to correct the described problem. Descriptions of four different interventions were developed. Two of the interventions utilized behavior technology while the other two involved cognitive-behavioral procedures. For each of these areas, one of the interventions was more intensive and costly than the other intervention; that is, it required more teacher time, effort, and resources. All of the interventions were designed to increase appropriate behavior. Each of the interventions was carefully and fully described rather than merely labeled since it was not assumed that all teachers would be familiar with all of the labels or interventions.

The two behavioral interventions included social reinforcement and token economy. For the description of social reinforcement, the teacher planned to increase the student's on-task behavior and performance by providing praise and other verbal reinforcement for good work and paying attention. For the description of the token economy, the teacher planned to increase on-task behavior and productivity by implementing a system in which check marks were earned or deducted based upon the occurrence of specifics behaviors (earned - completing an assignment; deducted - disrupting instruction). At the end of each class, the amount of check marks earned was discussed and recorded, and the student was allowed to exchange check marks for a reward.

The two cognitive-behavioral interventions were self-monitoring and self-instructional training. For the description of self-monitoring, the teacher planned to increase on-task behavior and productivity by having the student count and record on a graph the number of math problems completed each day. For the description of self-instructional training, the teacher planned to improve task performance by teaching the student the correct steps for completing the math skill assigned as well as teaching the student to use self-statements aimed at staying on task, coping with frustration, and delivering self-reinforcement. These skills were taught by first modeling the instructional procedures and then providing controlled and independent practice in their use.

Acceptability measure. A revised version of the Intervention Rating Profile (IRP), the IRP-15, was used to assess the acceptability of the eight case descriptions described in the previous section. The original IRP contained 20 items that assessed one major factor, general acceptability of the intervention, and four secondary factors: risk to the target child, amount of time required to implement, effects on older children, and amount of teacher skill required (Witt & Martens, 1983). The IRP-15 was developed in order to simplify the factorial structure of the IRP. The IRP-15 contains 15 items (7 from the IRP and 8 that were new) that assess factors such as the respondent's perceptions of the effectiveness and appropriateness of an intervention. For each item, subjects respond on a 6-point Likert-type scale that ranges from "strongly disagree" (1) to "strongly agree" (6).

Evidence collected by Witt and his colleagues (see Witt & Elliott, 1985) suggest that the IRP-15 is a unidimensional instrument providing a general measure of intervention acceptability. In a factor analysis of the scale, all 15 items loaded (from .82 to .95) on a single factor. Further evidence on the validity of the scale was provided in a study where the IRP-15 was used to differentiate between two behavioral interventions in terms of the degree to which they were acceptable to teachers. Also, reliability of the instrument was reported to be quite high (r = .98).

Procedures

Each of the 400 randomly selected teachers was mailed a packet which contained a self-addressed stamped envelope, a cover letter that provided general directions, the subject information sheet, four case descriptions, and a copy of the IRP-15 following each of the case descriptions. Half of the teachers had been randomly selected to evaluate the acceptability of the four interventions with a student with a mild problem, while the other half were asked to judge the acceptability of the interventions with a student with a severe problem. Prior to mailing the packets to the selected teachers, the order in which the four case descriptions occurred was randomized. In order to maximize the return rate, a second mailing was conducted approximately three weeks later.

The cover letters informed the respondents that the researchers were investigating the practicality and utility of four different classroom interventions. They were asked to read each of the case descriptions carefully and then answer all of the questions that followed. They were also told that their responses to the questionnaires were anonymous and that they should not put their name on any of the materials.

Results

Factor Analysis of the IRP-15

In order to confirm Witt and Elliott's (1985) contention that the IRP-15 is a unidimensional measure for assessing the acceptability of interventions used with children, the responses of the subjects who completed the scale were analyzed via a series of factor analyses. While previous research has supported the unidimensionality of the IRP-15 when applied to behavioral interventions (Witt & Elliott, 1985), similar data involving cognitive- behavioral interventions is to our knowledge presently unavailable.

For the factor analyses, the responses of the subjects to each of the interventions were analyzed separately through the PA2 program in SPSS-X. An unconstrained principal factor analysis was used to generate the factor matrix with squared multiple correlations as initial commonality estimates. Factors with eigenvalues of 1.0 or greater were rotated and the varimax rotation was used to determine the best fit. Items that exhibited factor loadings whose absolute value was .40 or greater were used to define a factor.

Overall, the results of the factor analyses support the hypothesis that the IRP-15 is unidimensional. Subject's responses to the self-monitoring, self-instructional training, and token economy interventions yielded only one factor with an eigenvalue greater than 1.0 and that factor accounted for 77% (eigenvalue of 11.7), 76% (eigenvalue of 11.6), and 75% (eigenvalue of 11.5) of the total variance for each of these interventions, respectively. Also, factor loadings for the 15 items on the identified factor were quite high: .74 to .93 with self-monitoring, .66 to .93 with self-instructional training, and .79 to .93 with token economy. Subjects' responses to the reinforcement intervention, however, resulted in a slightly different factor structure. The factor analysis produced two factors with eigenvalues greater than 1.0. Nonetheless, the first factor accounted for 63% (eigenvalue of 9.5) of the total variance, while the second factor accounted for only eight percent (eigenvalue of 1.2). Furthermore, 12 of the 15 items had a factor loading of .40 or greater on the first factor.

Finally, the internal-consistency estimates (alpha coefficient) for the IRP-15 when it was used to assess the acceptability of self-monitoring, self-instructional training, token economy, and reinforcement were .98, .98, .98, and .96, respectively. As a result of the factor analyses and the obtained estimates of internal consistency, all subsequent analyses involved a single, sumative score for the IRP-15.

General Acceptability of Interventions

The means and standard deviations for the total score and each of the items on the IRP-15 categorized by intervention type and severity of student problem are presented in Table 1. For individual items, ratings below 3 suggest that the intervention was unacceptable to some degree and ratings above 3 reflect varying degrees of acceptability. Similarly, for the total score, a score below 45 would suggest that, to some degree, the intervention was unacceptable, while a score above 45 would reflect varying degrees of acceptability. As can be seen by examining Table 1, all four of the interventions were viewed by the subjects as being acceptable on all items and with both mild and severe problems. Thus, cognitive-behavioral as well as behavioral interventions were viewed by teachers as an acceptable means for addressing both mild and severe problems exhibited by students in classroom settings.

Insert Table 1 About Here

A 2 X 4 factorial analysis of variance with repeated measures on one factor was used to determine the effects of type of intervention and severity of student's problem on teachers' ratings of acceptability. The independent variable was severity of student's problem (mild or severe), while the repeated measures were the total IRP-15 ratings for each of the four treatment interventions. The main effect for severity of the student's problem was not significant. The F ratio for type of intervention was significant ($F=5.68$, $df=3/603$, $p<.002$) and, more importantly, the interaction between severity of the student's problem and type of treatment was significant ($F=6.50$, $df=3/603$,

p<.001). Thus, teachers' perceptions of the acceptability of the various treatment interventions differed according to the problem exhibited by the target student. In order to more accurately identify these differences, tests of simple main effects were applied to determine if teachers viewed a particular intervention as being more acceptable with a student with a mild or severe problem. Results of the analyses revealed that teachers believed that self-instructional training was a more acceptable intervention for a student with a severe rather than a mild problem ($F=11.78$, $df=1/201$, $p<.002$). In contrast, teachers viewed reinforcement as being more acceptable for a mild rather than a severe problem ($F=4.58$, $df=1/201$, $p<.035$). No significant differences were noted for self-monitoring and token economy. Consequently, teachers' perceptions of the acceptability of these two interventions did not appear to be affected by the severity of the student's problem.

Tests of simple main effects were also conducted to determine if specific interventions were judged to be more or less acceptable at each of the two levels of student severity. While no differences were noted in perceived acceptability of the four interventions when applied to a student with a severe problem, the four treatment procedures were judged to be differentially acceptable when applied to a student with a mild problem ($F=10.08$, $df=3/345$, $p<.001$). In order to identify specific differences, multiple comparisons were made among the means by using the Newman-Keuls test. For students with mild problems, teachers considered reinforcement to be a more acceptable treatment than self-instructional training ($p<.01$) and token economy ($p<.01$). Furthermore, teachers viewed self-monitoring as a more acceptable treatment for a student with a mild problem than self-instructional training ($p<.01$) and token economy ($p<.05$). No other significant differences were noted.

Discussion

In the present study we sought to determine the acceptability of two positive, cognitive-behavioral interventions for academic skill deficiencies and behavior problems at mild and severe levels among practicing special education teachers. In addition, the acceptability of these cognitive-behavioral interventions was compared to that of two positive, acceptable behavioral interventions. The two cognitive-behavioral interventions chosen for investigation were self-monitoring of work completed and academic self-instructional training; the two behavioral interventions investigated were social reinforcement and a token economy. Further, the IRP-15 was examined in order to determine if the previously reported unidimensionality of the scale with behavioral interventions was replicated, and to determine the dimensionality of the scale with cognitive-behavioral interventions.

Factor Analysis of the IRP-15

Results of the factor analyses support the contention that the IRP-15 is unidimensional, with both behavioral and cognitive-behavioral interventions. In addition, reliability (internal-consistency) of the IRP-15, when used to assess the acceptability of the four interventions investigated in this study, was high (.96 or above for all four interventions).

Acceptability

The first research question addressed was whether or not cognitive-behavioral interventions frequently found to be effective in research are acceptable to special education teachers; the second research question addressed was how the acceptability of cognitive-behavioral techniques compared to that of behavioral interventions previously found to be acceptable. Data analyses indicated that all four of the interventions were viewed by practicing special education teachers as being acceptable on all items of the IRP-15 with both mild and severe problems. These results were as expected, since the two behavioral interventions had been found to be acceptable in previous research, and the two cognitive-behavioral interventions were chosen due to their positive nature and lack of any risk to the target student and absence of negative effects on non-target students.

The third research question addressed was how the severity of a student's problems (academic and behavioral) affected the acceptability of the four interventions. Data analyses indicated a significant interaction between problem severity and type of intervention, thus precluding any comparisons of the four interventions without reference to problem severity. Specifically, self-instructional training was found to be significantly more acceptable at the more severe problem level as compared to the more mild problem level. On the other hand, social reinforcement was seen as significantly more acceptable with the mild problem student than with the student exhibiting more severe problems. These results were in the expected directions. Self-instructional training is likely seen as a more intensive and costly (in terms of teacher time, effort, and resources) intervention than the mild problem necessitated; in other words, self-instructional training would appear to be overkill at the mild problem level. Social reinforcement, however, was seen as more acceptable for the mild problem; this is probably in line with teachers' expectations that social reinforcement alone would not be as effective an intervention for the student exhibiting severe academic and behavioral problems. Finally, self-monitoring of work completed and a token economy were not seen as differentially acceptable at the mild and severe problem levels. However, our expectation was that teachers would rate self-monitoring as more acceptable for the mild problem level since, similar to social reinforcement, it probably would not be a powerful enough intervention with severe behavioral and academic problems. We further expected that a token economy would be rated as more acceptable with the severe problem student, since this intervention could also be seen as overkill at the mild problem level.

Perhaps teachers did not see meaningful differences in the acceptability of self-monitoring at the mild and severe problem levels due to a general lack of first hand experience with the technique; in other words, they may have been more hopeful about the effects of self-monitoring with the severe problem student than we were. On the other hand, teachers reported first hand experience with token economies and found it equally acceptable at the mild and severe problem levels. Therefore, teachers may not have viewed the token economy as being as costly in terms of teacher involvement as we did; i.e., frequent use of token economies may have made this a relatively low cost, easy intervention in the eyes of these teachers. Teacher interviews could provide clarification of such results in future studies.

Finally, further data analyses were conducted to investigate the acceptability of the four interventions within each problem severity level. No significant differences in acceptability ratings existed among the four interventions at the severe problem level. Significant differences in acceptability ratings did exist, however, at the mild problem level. Both

self-monitoring and social reinforcement were seen as more acceptable than either self-instructional training or a token economy for the student exhibiting mild problems.

Summary

Results of the present investigation indicate that the practicing special education teachers in this study found both positive behavioral and cognitive-behavioral interventions to be acceptable. While all four interventions were acceptable, at the mild problem level both social reinforcement and self-monitoring were rated as significantly more acceptable than self-instructional training and a token economy. Further, self-instructional training was rated as significantly more acceptable at the severe problem level as compared to the mild problem level, while social reinforcement was rated as significantly more acceptable at the mild problem level than at the severe problem level. These results were in line with the expectation that while all interventions would be acceptable, those requiring less teacher investment (self-monitoring and social reinforcement) would be more acceptable at the mild problem level. Conversely, it was expected that interventions requiring greater teacher investment would be more acceptable at the severe problem level.

The results of this study are encouraging in that previous research has indicated that these cognitive-behavioral interventions can produce significant and meaningful changes in behavior and performance, and this study provides initial evidence that these interventions are acceptable to practicing teachers as well. While further research on the acceptability of cognitive-behavioral interventions is needed, an even greater challenge remains: to provide practicing and preservice teachers with the training and practice necessary to allow them to make cognitive-behavioral interventions an integral part of their instructional repertoire.

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Table 1

Means and Standard Deviations for Total Score and Each Question Categorized by Intervention Type and Severity of Student's Problem

Question	Self-Monitoring		Self-Instructions		Reinforcement		Token Economy	
	Mild	Severe	Mild	Severe	Mild	Severe	Mild	Severe
1. This would be an acceptable intervention for the child's problem behavior.	4.7 (1.0)	4.6 (1.1)	4.2 (1.2)	4.8 (1.0)	4.6 (1.1)	4.4 (1.2)	4.5 (1.1)	4.3 (1.2)
2. Most teachers would find this intervention appropriate for behavior problems in addition to the one described.	4.8 (1.1)	4.7 (1.0)	4.2 (1.1)	4.7 (1.0)	4.8 (1.0)	4.7 (1.1)	4.6 (1.0)	4.4 (1.1)
3. This intervention should prove effective in changing the child's problem behavior.	4.6 (1.1)	4.3 (1.2)	4.0 (1.2)	4.6 (1.1)	4.2 (1.1)	3.8 (1.2)	4.5 (1.0)	4.3 (1.2.)
4. I would suggest the use of this intervention to other teachers.	4.6 (1.1)	4.6 (1.1)	4.0 (1.3)	4.7 (1.1)	4.6 (1.0)	4.4 (1.2)	4.2 (1.2)	4.3 (1.3)
5. The child's behavior problem is severe enough to warrant use of this intervention.	4.8 (1.0)	4.7 (1.0)	4.3 (1.2)	4.8 (1.1)	4.8 (1.1)	4.6 (1.2)	4.4 (1.1)	4.4. (1.2)
6. Most teachers would find this intervention suitable for the behavior problem described.	4.6 (1.1)	4.3 (1.2)	3.9 (1.2)	4.5 (1.0)	4.3 (1.1)	4.0 (1.3)	4.3 (1.1)	4.1 (1.2)
7. I would be willing to use this intervention in the classroom setting.	4.9 (1.1)	4.8 (1.0)	4.2 (1.3)	4.7 (1.1)	5.0 (0.7)	4.7 (1.2)	4.3 (1.2)	4.3 (1.4)
8. This intervention would not result in negative side-effects for the child.	4.8 (1.1)	4.5 (1.1)	4.4 (1.1)	4.6 (1.1)	5.1 (0.8)	4.6 (1.2)	4.1 (1.2)	4.3 (1.3)

Table 1 (continued)

Means and Standard Deviations for Total Score and Each Question Categorized by Intervention Type and Severity of Student's Problem

Question	Self-Monitoring		Self-Instructions		Reinforcement		Token Economy	
	Mild	Severe	Mild	Severe	Mild	Severe	Mild	Severe
9. This intervention would be appropriate for a variety of children.	4.7 (1.0)	4.6 (1.1)	4.3 (1.1)	4.6 (1.0)	5.1 (0.7)	4.9 (0.9)	4.4 (1.1)	4.4 (1.1)
10. This intervention is consistent with those I have used in classroom settings.	4.5 (1.2)	4.3 (1.3)	4.0 (1.3)	4.4 (1.2)	5.1 (0.6)	4.9 (0.9)	4.3 (1.2)	4.3 (1.3)
11. The intervention was a fair way to handle the child's problem behavior.	4.7 (1.1)	4.5 (1.2)	4.2 (1.1)	4.8 (1.0)	4.7 (1.1)	4.3 (1.2)	4.4 (1.0)	4.2 (1.3)
12. This intervention is reasonable for the behavior problem described.	4.8 (1.0)	4.3 (1.3)	4.1 (1.2)	4.6 (1.0)	4.5 (1.2)	4.0 (1.4)	4.3 (1.1)	4.2 (1.3)
13. I liked the procedures used in this intervention.	4.7 (1.1)	4.5 (1.2)	4.1 (1.4)	4.6 (1.2)	4.6 (1.1)	4.4 (1.1)	4.1 (1.3)	4.1 (1.5)
14. This intervention was a good way to handle this child's behavior problem.	4.6 (1.1)	4.2 (1.3)	3.9 (1.4)	4.6 (1.2)	4.2 (1.2)	4.0 (1.4)	4.1 (1.2)	4.0 (1.4)
15. Overall, this intervention would be beneficial for the child.	4.7 (1.1)	4.3 (1.3)	4.1 (1.3.)	4.6 (1.2)	4.5 (1.1)	4.2 (1.3)	4.2 (1.2)	4.1 (1.4)
Total	70.3 (14.6)	67.4 (14.9)	61.9 (16.1)	69.4 (14.2)	70.0 (12.0)	66.1 (14.5)	64.5 (14.9)	63.7 (16.6)

Appendix

Acceptability Questionnaires

C1-1 through C1-4 represent the mild problem level; C2-1 through C2-4 represent the severe problem level.

C1-1: Reinforcement

Pat is a fifth grader who has an attention problem and is receiving special education services. The teacher has noted that although Pat is capable of completing the work, during math seatwork Pat spends approximately a quarter of class time looking around the room, out of seat, or otherwise off-task. Pat frequently turns in assignments which are incomplete or late and the teacher must frequently repeat directions.

The teacher has decided to implement the following reinforcement procedure to modify Pat's behavior. She will attempt to increase Pat's on-task behavior and performance on classwork by providing praise and other verbal reinforcement for good work and paying attention. It is her hope that the inappropriate behaviors will decrease as Pat engages in more appropriate behavior.

Intervention Rating Profile

The purpose of this questionnaire is to obtain information that will aid in the selection of classroom interventions. These interventions will be used by teachers of children with classroom problems. Please circle the number which best describes your agreement or disagreement with each statement; do not mark between the numbers.

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1. This would be an acceptable intervention for the child's problem.	1	2	3	4	5	6
2. Most special education teachers would find this intervention appropriate for other problems in addition to the one described.	1	2	3	4	5	6
3. This intervention should prove effective in changing the child's problem.	1	2	3	4	5	6
4. I would suggest the use of this intervention to other teachers.	1	2	3	4	5	6
5. The child's problem is severe enough to warrant use of this intervention.	1	2	3	4	5	6
6. Most special education teachers would find this intervention suitable for the problem described.	1	2	3	4	5	6
7. I would be willing to use this intervention in the classroom setting.	1	2	3	4	5	6
8. This intervention would not result in negative side-effects for the child.	1	2	3	4	5	6
9. This intervention would be appropriate for a variety of children.	1	2	3	4	5	6
10. This intervention is consistent with those I have used in classroom settings.	1	2	3	4	5	6
11. The intervention was a fair way to handle the child's problem.	1	2	3	4	5	6
12. This intervention is reasonable for the behavior problem described.	1	2	3	4	5	6
13. I liked the procedures used in this intervention.	1	2	3	4	5	6
14. This intervention was a good way to handle this child's problem.	1	2	3	4	5	6
15. Overall, this intervention would be beneficial for the child.	1	2	3	4	5	6

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C1-2: Self-Instructional Training

Pat is a fifth grader who has an attention problem and is receiving special education services. The teacher has noted that, although Pat is capable of completing the work, during math seatwork Pat spends approximately a quarter of classtime looking around the room, out of seat, or otherwise off-task. Pat frequently turns in assignments which are incomplete or late and the teacher must frequently repeat directions.

The teacher has decided to implement the following procedure in order to modify Pat's behavior. First, she will sit down with Pat and model (talking out loud while doing a sample problem) the correct steps for the math skill Pat is working on. She will also incorporate statements to herself aimed at staying on-task, coping with frustration, and providing self-reinforcement. Then, she will direct Pat (talking out loud while the student does the problem) through the same steps on another sample problem and only provide assistance if needed. She will continue this process until Pat is working problems out loud correctly and independently. This procedure is called self-instructional training. It is the teacher's hope that Pat will now know the correct steps for the math problems, will cope better with frustration, and be able to complete assigned seatwork. Thus, task completion will increase and inappropriate behaviors will decrease.

Intervention Rating Profile

The purpose of this questionnaire is to obtain information that will aid in the selection of classroom interventions. These interventions will be used by teachers of children with classroom problems. Please circle the number which best describes your agreement or disagreement with each statement; do not mark between the numbers.

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1. This would be an acceptable intervention for the child's problem.	1	2	3	4	5	6
2. Most special education teachers would find this intervention appropriate for other problems in addition to the one described.	1	2	3	4	5	6
3. This intervention should prove effective in changing the child's problem.	1	2	3	4	5	6
4. I would suggest the use of this intervention to other teachers.	1	2	3	4	5	6
5. The child's problem is severe enough to warrant use of this intervention.	1	2	3	4	5	6
6. Most special education teachers would find this intervention suitable for the problem described.	1	2	3	4	5	6
7. I would be willing to use this intervention in the classroom setting.	1	2	3	4	5	6
8. This intervention would not result in negative side-effects for the child.	1	2	3	4	5	6
9. This intervention would be appropriate for a variety of children.	1	2	3	4	5	6
10. This intervention is consistent with those I have used in classroom settings.	1	2	3	4	5	6
11. The intervention was a fair way to handle the child's problem.	1	2	3	4	5	6
12. This intervention is reasonable for the behavior problem described.	1	2	3	4	5	6
13. I liked the procedures used in this intervention.	1	2	3	4	5	6
14. This intervention was a good way to handle this child's problem.	1	2	3	4	5	6
15. Overall, this intervention would be beneficial for the child.	1	2	3	4	5	6

C1-3: Self-Monitoring

Pat is a fifth grader who has an attention problem and is receiving special education services. The teacher has noted that, although Pat is capable of completing the work, during math seatwork Pat spends approximately a quarter of classtime looking around the room, out of seat, or otherwise off-task. Pat frequently turns in assignments which are incomplete or late and the teacher must frequently repeat directions.

The teacher has decided to implement the following procedure in order to modify Pat's behavior. First, she and Pat will meet and briefly discuss the importance of completing classwork in order to learn math skills. Then, she will explain to Pat how to record and graph the amount of work completed during math class. Pat will independently count the number of math problems completed at the end of each day's math class and record this number on a graph kept in a work folder. Each day Pat and the teacher will look at and discuss the graph together. This procedure is called self-monitoring. It is the teacher's hope that Pat will become more aware of the importance of work rate and will find graphing productivity rewarding. Thus, Pat will complete more work and on-task behavior will increase as inappropriate behaviors decrease.

Intervention Rating Profile

The purpose of this questionnaire is to obtain information that will aid in the selection of classroom interventions. These interventions will be used by teachers of children with classroom problems. Please circle the number which best describes your agreement or disagreement with each statement; do not mark between the numbers.

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1. This would be an acceptable intervention for the child's problem.	1	2	3	4	5	6
2. Most special education teachers would find this intervention appropriate for other problems in addition to the one described.	1	2	3	4	5	6
3. This intervention should prove effective in changing the child's problem.	1	2	3	4	5	6
4. I would suggest the use of this intervention to other teachers.	1	2	3	4	5	6
5. The child's problem is severe enough to warrant use of this intervention.	1	2	3	4	5	6
6. Most special education teachers would find this intervention suitable for the problem described.	1	2	3	4	5	6
7. I would be willing to use this intervention in the classroom setting.	1	2	3	4	5	6
8. This intervention would not result in negative side-effects for the child.	1	2	3	4	5	6
9. This intervention would be appropriate for a variety of children.	1	2	3	4	5	6
10. This intervention is consistent with those I have used in classroom settings.	1	2	3	4	5	6
11. The intervention was a fair way to handle the child's problem.	1	2	3	4	5	6
12. This intervention is reasonable for the behavior problem described.	1	2	3	4	5	6
13. I liked the procedures used in this intervention.	1	2	3	4	5	6
14. This intervention was a good way to handle this child's problem.	1	2	3	4	5	6
15. Overall, this intervention would be beneficial for the child.	1	2	3	4	5	6

C1-4: Token Economy

Pat is a fifth grader who has an attention problem and is receiving special education services. The teacher has noted that, although Pat is capable of completing the work, during math seatwork Pat spends approximately a quarter of classtime looking around the room, out of the seat, or otherwise off-task. Pat frequently turns in assignments which are incomplete or late and the teacher must frequently repeat directions.

The teacher has decided to implement the following procedure to modify Pat's behavior. A record of Pat's behavior will be kept during math periods. Checkmarks will be given or deducted by the teacher and the amount earned will be exchanged later for a reward. Checkmarks may be obtained as follows: two checkmarks for getting started, two checkmarks for completing an assigned number of problems, and one checkmark for each correct problem. In addition, checkmarks will be deducted each time the following behaviors occur: out of seat, talking to others, and/or disrupting instruction. Checkmarks will be given/deducted throughout the class period; at the end of class the final amount earned will be discussed with the student and recorded. It is the teacher's hope that this token economy approach will result in an increase in both the student's productivity and on-task behavior as well as a decrease in inappropriate behaviors.

Intervention Rating Profile

The purpose of this questionnaire is to obtain information that will aid in the selection of classroom interventions. These interventions will be used by teachers of children with classroom problems. Please circle the number which best describes your agreement or disagreement with each statement; do not mark between the numbers.

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1. This would be an acceptable intervention for the child's problem.	1	2	3	4	5	6
2. Most special education teachers would find this intervention appropriate for other problems in addition to the one described.	1	2	3	4	5	6
3. This intervention should prove effective in changing the child's problem.	1	2	3	4	5	6
4. I would suggest the use of this intervention to other teachers.	1	2	3	4	5	6
5. The child's problem is severe enough to warrant use of this intervention.	1	2	3	4	5	6
6. Most special education teachers would find this intervention suitable for the problem described.	1	2	3	4	5	6
7. I would be willing to use this intervention in the classroom setting.	1	2	3	4	5	6
8. This intervention would not result in negative side-effects for the child.	1	2	3	4	5	6
9. This intervention would be appropriate for a variety of children.	1	2	3	4	5	6
10. This intervention is consistent with those I have used in classroom settings.	1	2	3	4	5	6
11. The intervention was a fair way to handle the child's problem.	1	2	3	4	5	6
12. This intervention is reasonable for the behavior problem described.	1	2	3	4	5	6
13. I liked the procedures used in this intervention.	1	2	3	4	5	6
14. This intervention was a good way to handle this child's problem.	1	2	3	4	5	6
15. Overall, this intervention would be beneficial for the child.	1	2	3	4	5	6

C2-1: Reinforcement

Chris is a fifth grader receiving special education services who is experiencing frequent failure on assigned math tasks. Chris frequently becomes frustrated and quits working on assigned tasks. This frustration results in disruptive behaviors, including being out of seat, talking and playing with others, fighting, and disrupting instruction. If math performance does not improve, Chris will have to repeat the fifth grade math curriculum.

The teacher has decided to implement the following reinforcement procedure to modify Chris' behavior. She will attempt to increase Chris' on-task behavior and performance on classwork by providing praise and other verbal reinforcement for good work and attending. It is her hope that the inapproriate behaviors will decrease as Chris engages in more appropriate behavior.

Intervention Rating Profile

The purpose of this questionnaire is to obtain information that will aid in the selection of classroom interventions. These interventions will be used by teachers of children with classroom problems. Please circle the number which best describes your agreement or disagreement with each statement; do not mark between the numbers.

		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
+	1. This would be an acceptable intervention for the child's problem.	1	2	3	4	5	6
+	2. Most special education teachers would find this intervention appropriate for other problems in addition to the one described.	1	2	3	4	5	6
+	3. This intervention should prove effective in changing the child's problem.	1	2	3	4	5	6
+	4. I would suggest the use of this intervention to other teachers.	1	2	3	4	5	6
+	5. The child's problem is severe enough to warrant use of this intervention.	1	2	3	4	5	6
+	6. Most special education teachers would find this intervention suitable for the problem described.	1	2	3	4	5	6
+	7. I would be willing to use this intervention in the classroom setting.	1	2	3	4	5	6
+	8. This intervention would not result in negative side-effects for the child.	1	2	3	4	5	6
+	9. This intervention would be appropriate for a variety of children.	1	2	3	4	5	6
+	10. This intervention is consistent with those I have used in classroom settings.	1	2	3	4	5	6
+	11. The intervention was a fair way to handle the child's problem.	1	2	3	4	5	6
+	12. This intervention is reasonable for the behavior problem described.	1	2	3	4	5	6
+	13. I liked the procedures used in this intervention.	1	2	3	4	5	6
+	14. This intervention was a good way to handle this child's problem.	1	2	3	4	5	6
+	15. Overall, this intervention would be beneficial for the child.	1	2	3	4	5	6

C2-2: Self-Instructional Training

Chris is a fifth grader receiving special education services who is experiencing frequent failure on assigned math tasks. Chris frequently becomes frustrated and quits working on assigned tasks. This frustration results in disruptive behaviors, including being out of seat, talking and playing with others, fighting, and disrupting instruction. If math performance does not improve, Chris will have to repeat the fifth grade math curriculum.

The teacher has decided to implement the following procedure in order to modify Chris' behavior. First, she will sit down with Chris and model (talking out loud while doing a sample problem) the correct steps for the math skill Chris is working on. She will also incorporate statements to herself aimed at staying on-task, coping with frustration, and providing self-reinforcement. Then, she will direct Chris (talking out loud while the student does the problem) through the same steps on another sample problem and only provide assistance if needed. She will continue this process until Chris is working problems out loud correctly and independently. This procedure is called self-instructional training. It is the teacher's hope that Chris will now know the correct steps for the math problems, will cope better with frustration, and be able to complete assigned seatwork. Thus, task completion will increase and inappropriate behaviors will decrease.

Intervention Rating Profile

The purpose of this questionnaire is to obtain information that will aid in the selection of classroom interventions. These interventions will be used by teachers of children with classroom problems. Please circle the number which best describes your agreement or disagreement with each statement; do not mark between the numbers.

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1. This would be an acceptable intervention for the child's problem.	1	2	3	4	5	6
2. Most special education teachers would find this intervention appropriate for other problems in addition to the one described.	1	2	3	4	5	6
3. This intervention should prove effective in changing the child's problem.	1	2	3	4	5	6
4. I would suggest the use of this intervention to other teachers.	1	2	3	4	5	6
5. The child's problem is severe enough to warrant use of this intervention.	1	2	3	4	5	6
6. Most special education teachers would find this intervention suitable for the problem described.	1	2	3	4	5	6
7. I would be willing to use this intervention in the classroom setting.	1	2	3	4	5	6
8. This intervention would not result in negative side-effects for the child.	1	2	3	4	5	6
9. This intervention would be appropriate for a variety of children.	1	2	3	4	5	6
10. This intervention is consistent with those I have used in classroom settings.	1	2	3	4	5	6
11. The intervention was a fair way to handle the child's problem.	1	2	3	4	5	6
12. This intervention is reasonable for the behavior problem described.	1	2	3	4	5	6
13. I liked the procedures used in this intervention.	1	2	3	4	5	6
14. This intervention was a good way to handle this child's problem.	1	2	3	4	5	6
15. Overall, this intervention would be beneficial for the child.	1	2	3	4	5	6

C2-3: Self-Monitoring

Chris is a fifth grader receiving special education services who is experiencing frequent failure on assigned math tasks. Chris frequently becomes frustrated and quits working on assigned tasks. This frustration results in disruptive behaviors, including being out of seat, talking and playing with others, fighting, and disrupting instruction. If math performance does not improve, Chris will have to repeat the fifth grade math curriculum.

The teacher has decided to implement the following procedure in order to modify Chris' behavior. First, she and Chris will meet and briefly discuss the importance of completing classwork in order to learn math skills. Then, she will explain to Chris how to record and graph the amount of work completed during math class. Chris will independently count the number of math problems completed at the end of each day's math class and record this number on a graph kept in a work folder. Each day Chris and the teacher will look at and discuss the graph together. This procedure is called self-monitoring. It is the teacher's hope that Chris will become more aware of the importance of work rate and will find graphing productivity rewarding. Thus, Chris will complete more work and on-task behavior will increase as inappropriate behaviors decrease.

Intervention Rating Profile

The purpose of this questionnaire is to obtain information that will aid in the selection of classroom interventions. These interventions will be used by teachers of children with classroom problems. Please circle the number which best describes your agreement or disagreement with each statement; do not mark between the numbers.

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1. This would be an acceptable intervention for the child's problem.	1	2	3	4	5	6
2. Most special education teachers would find this intervention appropriate for other problems in addition to the one described.	1	2	3	4	5	6
3. This intervention should prove effective in changing the child's problem.	1	2	3	4	5	6
4. I would suggest the use of this intervention to other teachers.	1	2	3	4	5	6
5. The child's problem is severe enough to warrant use of this intervention.	1	2	3	4	5	6
6. Most special education teachers would find this intervention suitable for the problem described.	1	2	3	4	5	6
7. I would be willing to use this intervention in the classroom setting.	1	2	3	4	5	6
8. This intervention would not result in negative side-effects for the child.	1	2	3	4	5	6
9. This intervention would be appropriate for a variety of children.	1	2	3	4	5	6
10. This intervention is consistent with those I have used in classroom settings.	1	2	3	4	5	6
11. The intervention was a fair way to handle the child's problem.	1	2	3	4	5	6
12. This intervention is reasonable for the behavior problem described.	1	2	3	4	5	6
13. I liked the procedures used in this intervention.	1	2	3	4	5	6
14. This intervention was a good way to handle this child's problem.	1	2	3	4	5	6
15. Overall, this intervention would be beneficial for the child.	1	2	3	4	5	6

C2-4: Token Economy

Chris is a fifth grader receiving special education services who is experiencing frequent failure on assigned math tasks. Chris frequently becomes frustrated and quits working on assigned tasks. This frustration results in disruptive behaviors, including being out of seat, talking and playing with others, fighting, and disrupting instruction. If math performance does not improve, Chris will have to repeat the fifth grade math curriculum.

The teacher has decided to implement the following procedure to modify Chris' behavior. A record of Chris' behavior will be kept during math periods. Checkmarks will be given or deducted by the teacher and the amount earned will be exchanged later for a reward. Checkmarks may be obtained as follows: two checkmarks for getting started, two checkmarks for completing an assigned number of problems, and one checkmark for each correct problem. In addition, checkmarks will be deducted each time the following behaviors occur: out of seat, talking to others, and/or disrupting instruction. Checkmarks will be given/deducted throughout the class period; at the end of class the final amount earned will be discussed with the student and recorded. It is the teacher's hope that this token economy approach will result in an increase in both the student's productivity and on-task behavior as well as a decrease in inappropriate behaviors.

Intervention Rating Profile

The purpose of this questionnaire is to obtain information that will aid in the selection of classroom interventions. These interventions will be used by teachers of children with classroom problems. Please circle the number which best describes your agreement or disagreement with each statement; do not mark between the numbers.

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1. This would be an acceptable intervention for the child's problem.	1	2	3	4	5	6
2. Most special education teachers would find this intervention appropriate for other problems in addition to the one described.	1	2	3	4	5	6
3. This intervention should prove effective in changing the child's problem.	1	2	3	4	5	6
4. I would suggest the use of this intervention to other teachers.	1	2	3	4	5	6
5. The child's problem is severe enough to warrant use of this intervention.	1	2	3	4	5	6
6. Most special education teachers would find this intervention suitable for the problem described.	1	2	3	4	5	6
7. I would be willing to use this intervention in the classroom setting.	1	2	3	4	5	6
8. This intervention would not result in negative side-effects for the child.	1	2	3	4	5	6
9. This intervention would be appropriate for a variety of children.	1	2	3	4	5	6
10. This intervention is consistent with those I have used in classroom settings.	1	2	3	4	5	6
11. The intervention was a fair way to handle the child's problem.	1	2	3	4	5	6
12. This intervention is reasonable for the behavior problem described.	1	2	3	4	5	6
13. I liked the procedures used in this intervention.	1	2	3	4	5	6
14. This intervention was a good way to handle this child's problem.	1	2	3	4	5	6
15. Overall, this intervention would be beneficial for the child.	1	2	3	4	5	6